Simplicity is not a simple thing.

Tuesday, February 13; 11:00 AM PT

BHI Workflows

CalHIVE BHI Commons

PB
GH California Quality
Collaborative
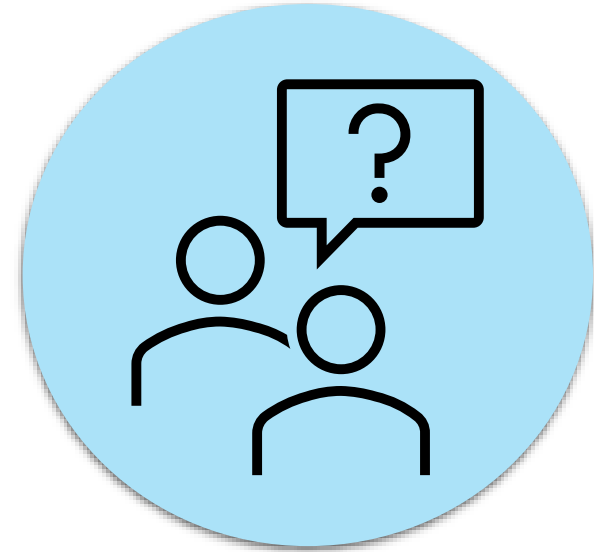
Tech Tips

Welcome!

Add your organization to your name

Turn on video if possible

Engaging Today

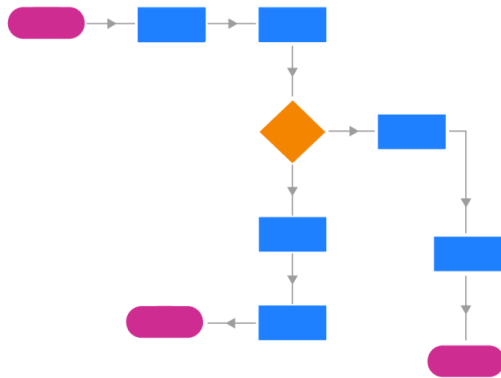- Share questions in the chat or come off mute

- Participate in Zoom polls

Need help?

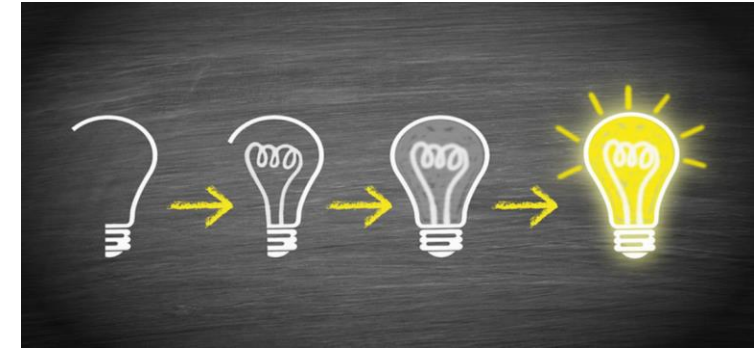Direct message Anna Baer if you have any technical issues

Our Agenda

Today, we'll:

Analyze workflows in context of behavioral health integration (BHI)

Evaluate components of two BHI workflows:

warm hand-offs and team huddles

Identify BHI workflow improvements to apply to your own organization

California Quality Collaborative

Welcome!

Mary Nickel-Nguy, DSW

Senior Manager, Behavioral Health Integration; Improvement Advisor

Brian Sandoval, PsyD
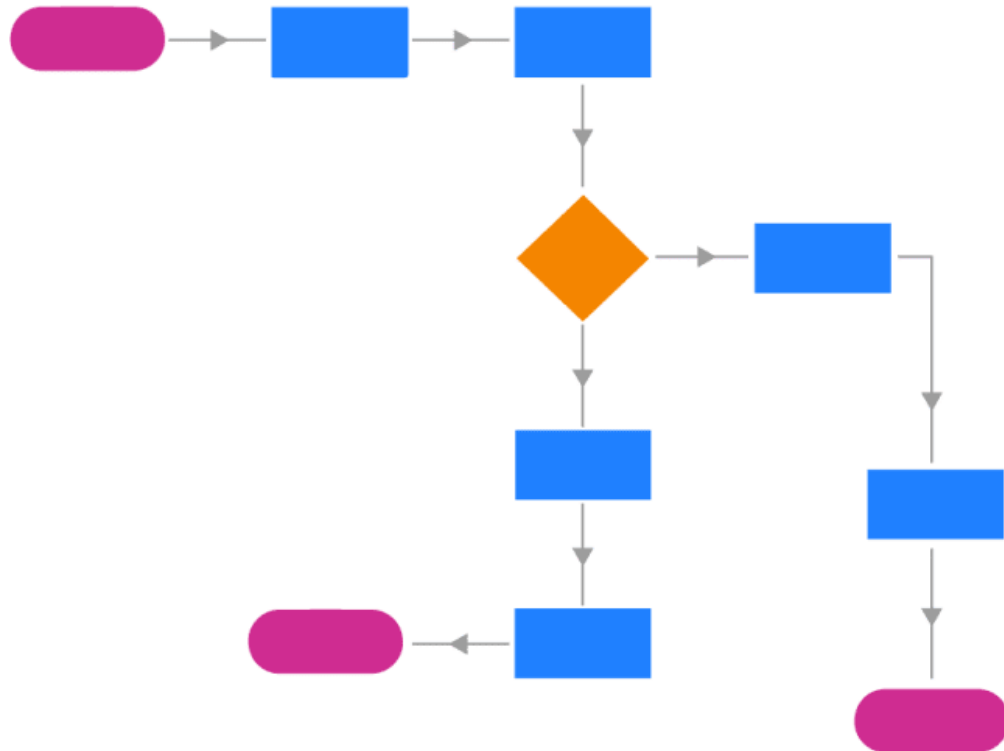
Clinical Advisor

California Quality Collaborative (PBGH)

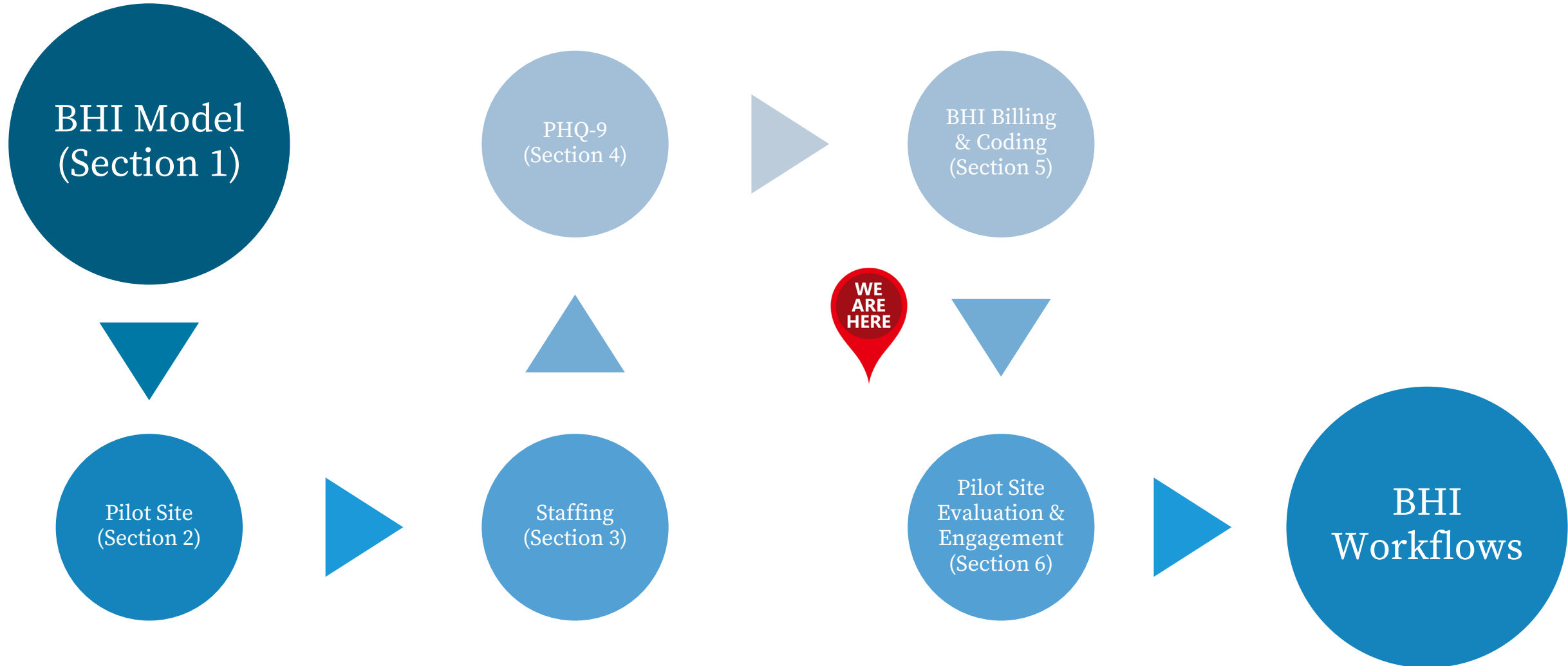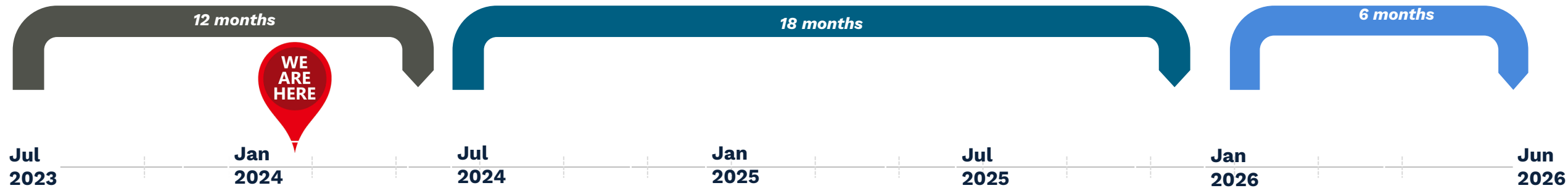# Implementation Plan & BHI Workflows

Sharing

1. What did you learn in the creation of the PHQ-9 Workflow (Implementation Plan, Section 4)?

2. Where do you need to go next?

Implementation Plan

BHI Model (Section 1)

Pilot Site (Section 2)

Staffing (Section 3)

PHQ-9 (Section 4)

BHI Billing & Coding (Section 5)

WE ARE HERE

Pilot Site Evaluation & Engagement (Section 6)

BHI Workflows

Timing & Implementation "Launch"

12 months

WE ARE HERE

18 months

6 months

Jul 2023 — Jan 2024 — Jul 2024 — Jan 2025 — Jul 2025 — Jan 2026 — Jun 2026

PREPARE

- Build team
- Readiness assessment & recommendations
- Select integration model and pilot site
- Report and analyze BH screening data

IMPLEMENT

- Implement care model at pilot site
- Adopt clinical, data, operational workflows, including training
- *Make improvements!*
- Analyze and improve patient engagement
- Create disparity reduction plan

SCALE

- Analyze pilot progress, identify improvement and spread plan
- Craft sustainability plan
- Complete project documentation and communication plan

Reminders
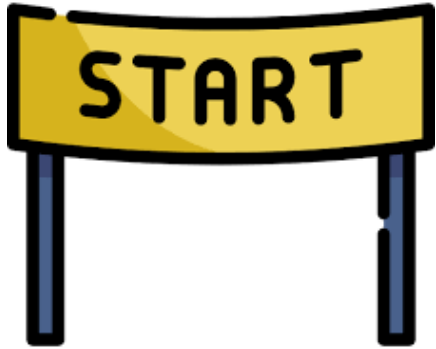
- Implementation Work does not need to be complete by July
  - Start now with planning, testing, improvement

- Improvement Advisors will support you
  - Identify opportunities for change & improvement
  - Keep Action Plan on track
  - Support alignment with: other workflows, your organizational context

BHI Workflows

Adding BHI to Current Workflows

| Identify and Engage Patients	Identify and Initiate Treatment	Manage Treatment Plan & Track	Proactively Adjust Treatment Plan	Ongoing
• Screen patients based on Pop. Health strategy • Review medical history • Perform initial BH screening (PHQ-9, other) • Obtain patient consent • Introduce BH specialist • Engage patient via shared decision-making	• Perform BH Assessment • Review assessment with patient • Identify BH issue/ symptoms/disorder • Diagnose BH disorder (if present) • Develop BH treatment plan • Conduct patient education	• Identify and treat coexisting medical conditions • Prescribe medications, therapy, as needed • Implement BH treatment plan • Conduct targeted outreach to patients, as needed • Share BH treatment plan (e.g., with AVS)	• Review, recommend and implement changes in treatment plan	• Coordinate care (e.g., team meetings, huddles, messaging) • Collect patient/ family feedback • Monitor clinical outcomes • Utilize measurement-based tools for discharge planning • Submit BH coding & billing claims • Record BHI metrics • Update BHI policies & standing orders • Train staff (new and ongoing)

California Quality Collaborative

BHI Workflows: Leveraging what you have

- Workflows aggregated into fundamental components
  - Screening
  - Informed consent
 - Current state: clinic owners → Future state: BHI involved

What needs to get done for BHI?

- How it gets done depends on…
  - What you're already doing
  - Considering what to expand/revising

- Integration becomes what you're already doing
  - Helpful from adoption/implementation/spread standpoint
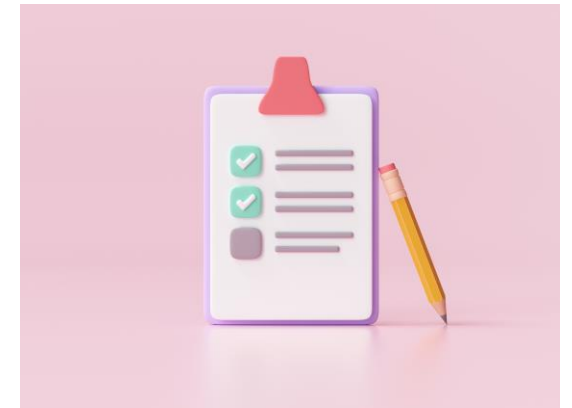
Coordinating Care

- How do your teams coordinate care?
  - Warm Handoffs
  - Team meetings/Teamlets
  - Care team huddles
  - Secure messaging
  - **Clinical documentation**

- Known challenges & solutions
  - Medical provider availability
    - Solution: leverage support staff
  - Lack of understanding regarding patient need
    - Solution: Team Communication, Chart scrubbing
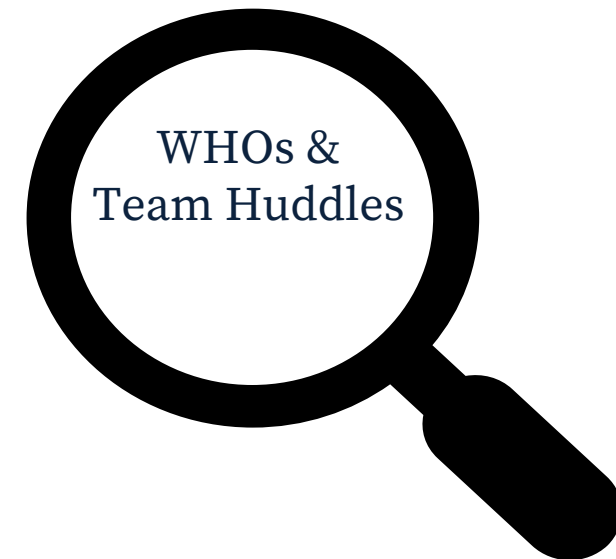
WHOs &
Team Huddles

Spotlight: Introduce BH Specialist
BHI Warm Handoff (WHO)

Standard Definition: A warm handoff is a transfer of care between two members of the health care team, where the handoff occurs in front of the patient and family. This transparent handoff of care allows patients and families to hear what is said and engages patients and families in communication, giving them the opportunity to clarify or correct information or ask questions about their care.

For BHI Context

Provider-facing Goal: Ensuring care continuity

- Framing of chief complaint and expectations of PCP to BHP
- Communication about roles/responsibilities between PCP/BHP/care team members
- Includes strategies for closing communication loop

Patient-facing Goal: Destigmatizing care & increasing engagement

- Understands roles and responsibilities of each team members (with patient/family as integral member)

California Quality Collaborative

Reflection questions

1. What differences did you notice between the two handoffs?

2. Any key takeaways you would like apply to your own organization?

Come off mute or
Share in the chat

Implementing a BHI Warm Handoff (WHO)

	Referral Handoff	Ideal Warm Handoff

Provider to provider Communication	• Limited communication of concerns
	• Lack of trust demonstrated
		• Mutual understanding of
		  • Model
		  • Key terms
		• Shared trust & cheerleading

Patient Engagement	• Reinforced stigma around symptoms and diagnosis	• Decreased patient stigma • Improved ability to meet patient specific needs • Normalization of symptoms
BHI Intervention	• Scheduled in the future • No immediate intervention provided	• Immediate intervention provided • Explanation of services
Follow up	• No coordination or debrief with provider	• Coordinated follow up

Spotlight: Care Team Huddle

It can be difficult to normalize huddles – that's OK! Focus on what already works!

In BHI Context:

- Rarely take longer than 10 minutes and ideally are closer to 5 minutes.

- Chart scrubbing and "standing order" referral workflows (e.g., "pathways") help provide efficiencies and "normalize" BHI in the context of primary care delivery

---

- Standard Definition: Huddles are brief meetings (e.g., 10 – 30 minutes)
  - Can occur at a variety of frequencies and should be scheduled to meet the unique needs of each team
  - Can occur in person or via phone or video conference
  - Should only include
    - Team members necessary to review key workflow activities
    - Information needed to review what was done with people who will receive services since last huddle
    - What needs to be done with people who are going to be seen before the next huddle

California Quality Collaborative

Spotlight: Care Team Huddle

- Morning Huddle – multi-disciplinary team

Spotlight: Care Team Huddle

One on One Huddle

Reflection question

- What did you notice about both versions of the care team huddle?

- How does this differ from how your team currently does huddles?

Come off mute or
Share in the chat

The MH provider was always available. :P

The providers get background on patients they will be seeing

Implementing Care Team Huddles

Essential Elements of a Care Team Huddle

✓ Conduct Team Check-In

✓ Overview of Patient(s)

✓ Agree Upon Tasks and Integrated Activities
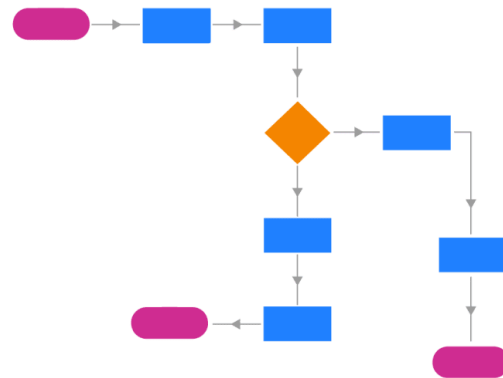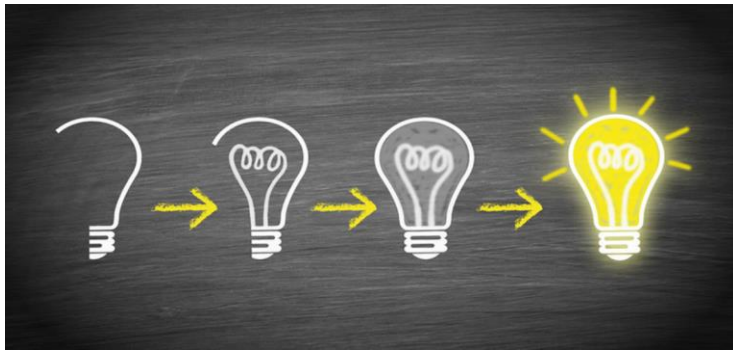
✓ Agree Upon Follow-Up and Communication

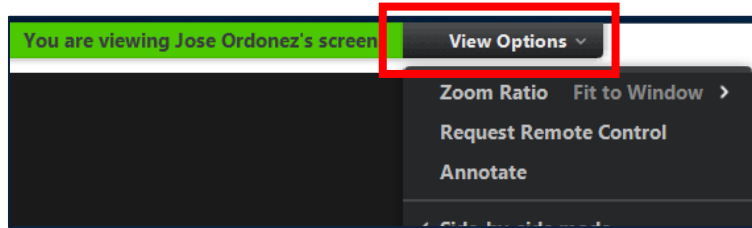"If you anticipate any difficulties with your patients, I'm here to help you."

Pragmatically, I will just ask questions like "Looking over today's roster, is there anyone that you think I may be of help with?"
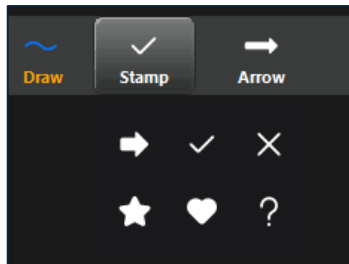
Q&A

How do we integrate BHI into huddles if we aren't doing them well?

Annotation Instructions

You are viewing Jose Ordonez's screen

View Options ⌄

Zoom Ratio   Fit to Window >
Request Remote Control
Annotate

At the top of your screen, select **View Options**, then click on **Annotate.**
The following toolbar will appear.

Mouse | Text | Draw | Stamp | Arrow | Eraser | Format | Undo | Redo | Clear | Save

Draw | Stamp | Arrow

➡ ✓ ✕
★ ♥ ?
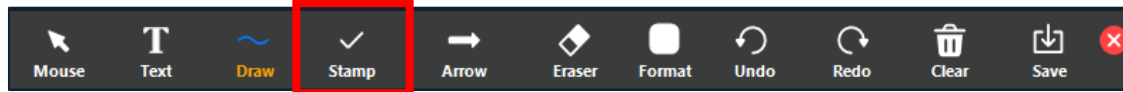
Select **Stamps** to change your shape to place within the voting area

Let's try it!
Place one stamp of your choice in box to right

BHI Workflows
Add a stamp where you see the biggest opportunity

| Identify and Engage Patients	Identify and Initiate Treatment	Manage Treatment Plan & Track	Proactively Adjust Treatment Plan	Ongoing
• Screen patients based on Pop. Health strategy • Review medical history • Perform initial BH screening (PHQ-9, other) • Obtain patient consent • Introduce BH specialist • Engage patient via shared decision-making	• Perform BH Assessment • Review assessment with patient • Identify BH issue/ symptoms/disorder • Diagnose BH disorder (if present) • Develop BH treatment plan • Conduct patient education	• Identify and treat coexisting medical conditions • Prescribe medications, therapy, as needed • Implement BH treatment plan • Conduct targeted outreach to patients, as needed • Share BH treatment plan (e.g., with AVS)	• Review, recommend and implement changes in treatment plan	• Coordinate care (e.g., team meetings, huddles, messaging) • Collect patient/ family feedback • Monitor clinical outcomes • Utilize measurement-based tools for discharge planning • Submit BH coding & billing claims • Record BHI metrics • Update BHI policies & standing orders • Train staff (new and ongoing)

Top Takeaways – WHOs & Team Huddles
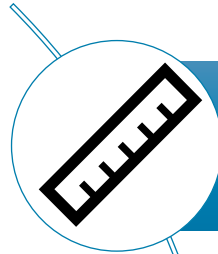
This is a lot of content → Start small
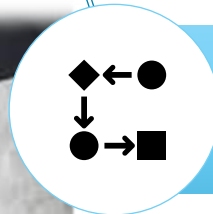
BHI workflows will not be identical across organizations/ or even across different sites

Don't force new workflows, it will be easier to find what is already working versus strong arming change
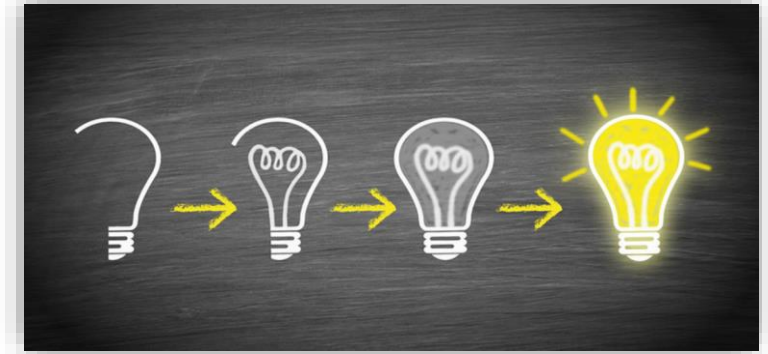
Emphasize lexicon and understanding of what BHI is → shared mutual understanding

Feedback please!

1. Today's webinar was useful for me and my work *[select one]*

   - Strongly agree

   - Agree

   - Neither agree nor disagree

   - Disagree

   - Strongly disagree

2. Of the topics we covered today, what was especially helpful? *[select multiple]*

   - Analyze workflows in context of behavioral health integration (BHI)

   - Evaluate components of two BHI workflows: warm hand-offs and team huddles

   - Identify BHI workflow improvements to apply to your own organization

CalHIVE BHI – Reporting Updates

- From April 12 (Baseline Cycle) onwards, the following measures will be **required** for reporting:
  - Enrollment (ENR)
  - Depression Screening & Follow-up (DSF)
  - Depression Remission or Response (DRR)
  - Diabetes Care: HbA1c Poor Control >9% (HPC)

- Retired measures:
  - Unhealthy Alcohol Use Screening & Follow-up (ASF)
  - Emergency Department Visits (EDV)

- Starting Cycle 1 (July 12), orgs to report pilot site data based on Section 6 (Measurement Plan)

UPDATE

Next Steps:

- **Jose** will be joining upcoming Improvement Advising calls to review changes and answer questions

Topic Change – Tues. 2/27 (11:00-12:00)

BHI Billing and Coding (Implementation Plan Section 5) Office Hours

- Highlighting bright spots from your Implementation Plan Section 5 submissions

- Identifying general recommendations and opportunities for improving BHI billing and coding

- Sharing updated resources

- Answering your outstanding questions on Section 5 Implementation Plan

Q1 2024 Sprint: Pilot Site Roll-Out

JANUARY

Improvement Advising
- Complete Implementation Plan Section 5: BHI Billing and Coding
- In-Person Improvement Advising Site Visit (Q1 2024)
- Review CFHA Membership opportunities

Tues. 1/9 (11-12)
CalHIVE BHI Commons – Pilot Site Evaluation & Engagement
- Identify how to select and monitor Pilot Site evaluation measures
- Review successful practices to maximize pilot project buy-in and engagement

Tues. 1/30 (11-12)
[OPT] BeeHIVE Webinar – Pilot Site Evaluation & Engagement
- Peer sharing & resources supporting pilot site

By Wed. 1/31
BHI Implementation Plan
Section 5 – BHI Billing and Coding
- Due to IA

Improvement Advising	
Webinars	
In Person Events	
Data / Reporting	
Assignments	

FEBRUARY

Improvement Advising
- Complete Implementation Plan Section 6: Pilot Site Evaluation & Engagement
- In-Person Improvement Advising Site Visit (Q1 2024)
- Review CFHA conference presentation opportunity

Tues. 2/13 (11-12)
CalHIVE BHI Commons – BHI Workflows
- Identify operational changes and document operational, clinical and health IT workflow changes for BHI at pilot clinic
- Highlight successful practices for BHI operations including as warm handoffs and scheduling

Tues. 2/27 (11-12)
[OPT] BeeHIVE Webinar - BHI Billing and Coding (Implementation Plan Section 5)
- Highlight bright spots from your Implementation Plan Section 5 submissions
- Identify general recommendations and opportunities for improving BHI billing and coding

By Thurs. 2/29
BHI Implementation Plan
Section 6 – Pilot Site Evaluations & Engagement
- Due to IA

MARCH

Improvement Advising
- Complete Implementation Plan Section 7: BHI Workflows
- In-Person Improvement Advising Site Visit (Q1 2024)

Thurs. 3/7 – Data Webinar: Baseline Submission

Tues. 3/12 (11-12)
CalHIVE BHI Commons – BHI Data Best Practices
- Hear from BluePath Health
- Analyze changes needed to ensure compliant BHI for patient consent, privacy and security

Tues. 3/26 (11-12)
[OPT] BeeHIVE Webinar – Model For Improvement Fundamentals (1 of 2)
- Cover basics for Model for Improvement and launching tests of changes

By Fri. 3/29
BHI Implementation Plan
Section 7 – BHI Workflows
- Due to IA

Thank you!

Program Advisor

Peter Robertson
Senior Director,
Practice Transformation

probertson@pbgh.org

Clinical Advisor

Dr. Brian Sandoval
Clinical Advisor, BH Integration

Data Reporting

Jose Ordonez
Manager,
Data Analytics

jordonez@pbgh.org

Improvement Advisors

Kristina Mody
CalHIVE BHI Director
Associate Director,
Practice Transformation

kmody@pbgh.org

Daniela Vela Hernandez
CFHA Technical
Assistance Associate

dvhernandez@cfha.net

Mary Nickel-Nguy
Senior Manager,
Behavioral Health
Integration

mnickelnguy@pbgh.org

Program Administration

Michael Au
Senior Manager,
Care Transformation

mau@pbgh.org

Anna Baer
Program Coordinator,
Care Transformation

abaer@pbgh.org

Erika Lind
Manager,
Care Transformation
Events and Learning

elind@pbgh.org

California Quality Collaborative

Resources

- **Warm Handoff**
  - American Psychological Association, "The impact of warm handoffs on patient engagement" https://psycnet.apa.org/record/2022-19901-001

  - The National Council, Optimizing Handoffs for In-person and Virtual services https://www.thenationalcouncil.org/wp-content/uploads/2021/11/Warm-Handoffs-for-In-Person-and-Virtual-Services.pdf

  - Beachy Bauman Consulting, The Warm Handoff Trophy; video https://youtu.be/JPa827Et5qI?si=NWXqGes9HimCE24U

  - Primarycareshrink.com, Air Traffic Control: Handling Multiple Consults in PCBH; video https://youtu.be/mHanNZYNkro?si=UU6FBd78xdxyRw34

- **Huddles**
  - Matthew Martin, Team huddle between medical and behavioral health providers; video https://www.youtube.com/watch?v=nrOwvvJo5vU

  - The National Council, 10 Ways Behavioral Health Staff Can Positively Influence Team Huddles in Primary Care https://www.thenationalcouncil.org/resources/10-ways-behavioral-health-staff-can-positively-influence-team-huddles-in-primary-care/

  - Primarycareshrink.com, How to Get PCPs to Use You Effectively; video https://youtu.be/dwOW1k1EGgE?si=kBS3elg1zAVMxLxl